

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-019784**

STATE FILE NUMBER

Registration District No. **1228**

Primary Registration District No. **2000**

Registrar's No. **714**

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 20 1963**

## 1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Springfield**

Length of stay in lb  
**45 Years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. John's Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Greene**

c. CITY OR TOWN **Springfield** Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **1163 Maryland** Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**WILLIAM CLYDE SCOTT**

4. DATE OF DEATH  
Month Day Year  
**May 11, 1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**12/5/1893**

9. AGE (last birthday)  
**69**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farmer & School Teacher**

10b. KIND OF BUSINESS OR INDUSTRY  
**Teaching**

11. BIRTHPLACE (City and state or country)  
**Stone County, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Berry Scott**

## 13b. MOTHER'S MAIDEN NAME

**Addie Hunt**

## 14. NAME OF HUSBAND OR WIFE

**Myrtie E. Scott**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**None**

## 17. INFORMANT

**Myrtie E. Scott, Springfield, Missouri**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Sublephragmatic disease & found rupture*

INTERVAL BETWEEN ONSET AND DEATH

*3 months*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Chronic cholelithiasis & obstructive jaundice*

*30 years*

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

**5-2-63 7:30 A.M.**

**5-11-63**

and last saw him alive on **5-10-63**

22a. SIGNATURE

(Degree or title)

*Cecil R. Quener, M.D.*

22b. ADDRESS

**600 S. Glen for Springfield, Mo.**

22c. DATE SIGNED

**5-14-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**5-13-1963**

23c. NAME OF CEMETERY OR CREMATORY

**IOOF Cemetery**

23d. LOCATION (City, town, or county)

**Marionville, Missouri**

24. FUNERAL DIRECTOR

**1200 Booneville**

**Ralph Thieme, Springfield, Missouri**

25. DATE RECD. BY LOCAL REG.

**5-16-63**

26. REGISTRAR'S SIGNATURE

*Effie G. Melton*

(Licensed Embalmer's Statement on Reverse Side)

1-10-88

1860  
2912

Permit 5-13-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed: Harold Fubell

Licensed Embalmer No. 5079

P. O. Address Spokane, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.